

FORM/REPORT INFORMATION AND AUTHORIZATION RECORD

(See Instructions and supporting documentation requirements on Page 2.)

SECTION A. APPLICATION FORM OR REPORT (Please type)

TO:	1 <input type="checkbox"/> FROM (ORIGINATING OFFICE)	2 <input type="checkbox"/> CONTACT PERSON	3 <input type="checkbox"/> PHONE NO.	4 <input type="checkbox"/> ROOM NO.
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5. NATURE OF REQUEST (Check appropriate box)

A. NEW
 B. REVISED
 C. EXTENSION (Reports Only)
 D. DISCONTINUED FORM/REPORT (Complete items 6, 9, 11, 25, 26)

E. REINSTATEMENT OF AN EXPIRED FORM/REPORT (Specify) _____
 F. INTER-AGENCY REPORT

6. TITLE OF FORM/REPORT

7. PRESCRIBING DIRECTIVE FOR THIS FORM/REPORT (Attach a draft copy of COMDTNOTE/COMDTINST.)	7a. DISPOSITION OF PRESENT FORMS STOCK
	<input type="checkbox"/> DESTROY <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> USE UNTIL DEPLETED

8. CLEARANCE INFORMATION (Check appropriate box)	9. FORM NUMBER	10. EDITION DATE	11. REPORTS CONTROL NO.
<input type="checkbox"/> YES <input type="checkbox"/> NO FILLED OUT AND SUBMITTED BY THE PUBLIC (IF YES, SEE HQINST 5214.13A). <input type="checkbox"/> YES <input type="checkbox"/> NO DOES A PRIVACY ACT STATEMENT APPLY?			

12. IDENTIFY FORM/REPORT REPLACED BY THIS ACTION	13. LIST INTERNAL CUSTOMERS (Customers, divisions, etc.) USING THIS FORM/REPORT	14. INDIVIDUALS OR ORGANIZATIONS OUTSIDE CG INVOLVED IN THE USE OF THIS FORM/REPORT
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15. FREQUENCY OF FORM/REPORT	15a. NO. OF COPIES TO BE PREPARED YEARLY	16. MEANS OF PREPARATION
<input type="checkbox"/> ONE TIME <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> AS NEEDED <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUAL		<input type="checkbox"/> TYPEWRITER <input type="checkbox"/> PEN <input type="checkbox"/> AUTOMATION (Specify) _____

SECTION B. COMPLETE FOR REPORTS ONLY

17. OFFICES OF UNITS COMPLETING THE REPORT OR FEEDER REPORTS. (Reports collecting information from units below the group level must be cleared by the facility managers for the responding units) (Check all that apply)

<input type="checkbox"/> HQ UNITS	<input type="checkbox"/> TRAINING CENTERS	<input type="checkbox"/> MARINE INSPECTION OFFICES
<input type="checkbox"/> AREAS	<input type="checkbox"/> MLC'S	<input type="checkbox"/> AIR STATIONS
<input type="checkbox"/> DISTRICT OFFICES	<input type="checkbox"/> SUPPLY CENTERS	<input type="checkbox"/> AUXILIARY INSPECTION OFFICES
<input type="checkbox"/> GROUP OFFICES	<input type="checkbox"/> CUTTERS	<input type="checkbox"/> OTHER (Identify) _____
<input type="checkbox"/> STATIONS	<input type="checkbox"/> SUPPORT CENTERS	
<input type="checkbox"/> MSO'S	<input type="checkbox"/> BASES	

18. IDENTIFY SOURCE RECORDS OR FEEDER REPORTS USED FOR COMPLETING THIS REPORT. (e.g. give examples) If these items are used for completing additional reports, identify those reports. For example, if a report completed by the districts, results in reports completed by field units, identify all field unit reports.

19. PERSONNEL RESOURCES REQUIRED TO COMPLETE REPORT (Rank, grade and number of individuals)

20. ADDITIONAL TRAINING NECESSARY TO COMPLETE THE REPORT

21. TOTAL ANNUAL RESPONSES	22. HOURS PER HOUR	23. TOTAL ANNUAL HOURS	24. ESTIMATED COSTS TO RESPONDING UNITS
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SECTION C. AUTHORIZATION SIGNATURES FOR FORM/REPORT

25. SIGNATURE AND TITLE OF DIVISION OR OFFICE CHIEF	26. DATE
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FOR MANAGEMENT PROGRAMS & POLICY BRANCH ONLY

SIGNATURE OF FORMS/REPORTS MANAGER	DATE RECEIVED	RCN ASSIGNED	EXPIRATION NUMBER
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TO REQUEST A FORM/INTERNAL REPORT COMPLETE THE CGHQ-3342 AND SUBMIT THE FOLLOWING:

1. A statement describing how the information will be used.
2. A draft copy of the prescribing directive (COMDTINST, COMDTNOTE), the requiring DOT Order, and U.S. Code or Public Law. (Submit the Letter of Promulgation and ONLY the pages or sections that require the form or report.)
3. A draft of the forms and a completed and signed Printing and Binding Request, DOT F-1700.3 or Graphics Request, DOT F-1710.2 (if applicable).
4. A copy of the outside agency request, if it is an interagency report.
5. A copy of the privacy act statement (if applicable).

INSTRUCTIONS FOR COMPLETING SECTION A. FOR FORMS/REPORTS

1. Self-explanatory.
- 2-4. Point of Contact's name, extension and room number.
5. Nature of Request:
 - a. New: any forms/reports not currently in the Catalog of Forms or DPRI Reports Inventory.
 - b. Revised: any form/report currently approved that is being changed.
 - c. Forms Plus Laser (FPL): Automated forms to be included in the Forms Plus Laser Library. Offices should contact Forms Manager to initiate any changes to forms for the Forms Library.
 - d. Self-explanatory.
 - e. Reinstatement: any form/report that has been expired and needs to be reinstated.
 - f. Extension: any expiring report in the DPRI being maintained in its current format.
 - g. Interagency reports: any report another Federal Agency request from (2) or more outside agencies.
6. self-explanatory.
7. Prescribing Directive for the Form/Report. List and attach copies of the requiring CG Directive, COMDTINST, COMDTNOTE. (Include the Directive Letter of Promulgation and ONLY the pages or sections that require the form or report). FOR REPORTS ONLY - attach the requiring DOT Order, and U.S. Code or Public Law.
8. Identify forms/reports submitted by the public or requiring a private act statement.
- 9-11. G-TPS-2 provides this information for new forms/reports. For revised, discontinued, reinstated, or extended forms/reports provide the latest form number, edition data and/or reports control number.
- 12-13. Self-explanatory.
14. List external customers (individuals/organizations) using this form/report.
15. Indicate the form/report frequency, (greater than quarterly requires additional justification).
16. Method of Preparation, (if automated specify: Forms Plus Laser (FPL) or Computer Generated COMP GEN).

SECTION B. INSTRUCTIONS FOR COMPLETING REPORTS ONLY

17. Check each office completing the report or a feeder report. Feeder reports are required to complete the requested report. Reports collecting information from units below the group level must be cleared by the facility managers for the responding units.
18. Self-explanatory.
19. Provide the number of individuals to complete the report and the rank/grade of each individual.
20. Identify any additional training necessary to enable responding units to complete the report.
- 21-23. Provide the total number of offices responding annually, the hours per response, and the total annual response hours.
24. Provide the total estimated costs to the responding offices. (Costs should indicate the total response cost, not the cost for each responding office.)
- 25-26. Self-explanatory.